

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 11/01/04
Provider Policy Manual	Current:	08/01/07
Section: Hospital Outpatient	Section: 26.17	
Subject: RESERVED Outpatient Hospital Services	Pages: 1	
	Cross Reference:	

Section 26.17 is RESERVED FOR FUTURE USE.

Outpatient hospital services are preventative, diagnostic, therapeutic, rehabilitative, or palliative services provided by a licensed hospital to an outpatient by or under the direction of a physician or dentist.

Outpatient hospital services which are covered by Mississippi Medicaid must be provided within the main campus of the hospital.

For Mississippi Medicaid, campus means the physical area immediately adjacent to the hospital's main buildings and other areas and structures that are not strictly contiguous to the main buildings but are immediately adjacent structures owned or leased by the hospital.

The outpatient services must be provided by hospital salaried or contracted employees. Contracted services means hospital services provided according to a written agreement between a hospital and the health care professional providing the hospital services. Hospitals may bill only for services provided in the hospital's outpatient departments as defined above.

Off Site Services

If contracted or employed hospital employees provide services off site and outside of the outpatient hospital departments, the hospital may not bill a charge on the UB04 claim format as an outpatient hospital service. This includes, but is not limited to, sites such as the beneficiary's home, daycare centers, schools, skilled nursing facilities, physician clinics, or therapy clinics. Such places of service are not in the hospital's outpatient hospital departments and do not qualify as an outpatient hospital service.

Partial Hospitalization or Day Treatment Programs

Partial hospitalization programs or day treatment programs are not covered by the Division of Medicaid in an outpatient hospital setting. For Mississippi Medicaid purposes, this will be defined as those programs that are clearly billed as partial hospitalization and those represented to the community as partial hospitalization programs or day treatment programs and billed to the Division of Medicaid through revenue and procedure codes in a pattern that would reflect multiple units or daily services.

Professional Fees

To bill professional fees for physician services performed in hospital owned physician clinics, hospitals must file services on the CMS 1500 claim form under a physician group provider number. If a hospital needs to apply for a physician group number, the hospital may apply online, obtain a provider enrollment form at www.dom.state.ms.us, or contact the Fiscal Agent for the form. The provider application must be returned to the Fiscal Agent for processing. This same policy applies to other hospital owned clinics or facilities for other types of health care professionals (nurse practitioners, therapists, etc.) that qualify as a Mississippi Medicaid provider.

Benefits/ Limitations/ Exclusions

Benefits are paid for covered facility and professional services in accordance with provisions of the Mississippi Medicaid Program. All service limits and exclusions are applicable.